

# North Dakota Real Choice Rebalancing (RCR) Grant

## A Summary of Questionnaires Administered to North Dakota Hospital Discharge Planners (HDP)

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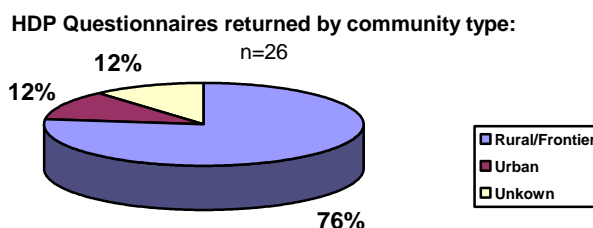
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In 2004, 73% of ND nursing home admissions originated from a hospital setting.<sup>1</sup> Considering this fact, HDPs should be targeted as a group to help the elderly and people with disabilities access a variety of continuum of care services, including home and community based services (HCBS). The RCR Grants planning and steering committee members recommended the RCR Grant gather input from HDPs regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. This summary identifies some of the major findings from the HDP report.

A total of 46 questionnaires were disseminated to HDPs in ND, 26 questionnaires were returned.



Rural HDP indicated that they provide discharge planning regularly to the elderly age 60 and older. In comparison, their urban counterparts indicated they provide discharge planning regularly to elderly age 60 and older and people with disabilities age 21 and older.

**Alternative formats  
available upon request:  
(800) 233-1737**

### Training:

100% of urban HDPs receive training regarding continuum of care services in their communities compared to 63.3% of rural HDPs who receive training.

Urban HDPs indicated they stay current about available continuum of care services most often through:

- networking,
- meetings,
- word of mouth, and
- internet.

Rural HDPs indicated they stay current about available continuum of care services most often through:

- networking and
- word of mouth.

<sup>1</sup> Issues and Data Book for Long Term Care, 2005, p.21

## Barriers faced by HDPs

### Time:

Over 90% of HDPs stated time is a factor and dictates discharge planning

Time to develop a discharge plan for a patient varied from:

- Urban HDPs indicated 1-3 days (100%)
- Rural HDPs indicated 1-4 hours (35.3%) or 1-2 days (29.4%)

### Choices:

70.6% of rural HDPs indicated there are not enough continuum of care choices compared to 33.3% of urban HDPs who indicated not enough choice.

HDPs noted there are fewer HCBS options to give patients when developing a discharge plan. HDPs identified a variety of services that need to be expanded:

- Rural HDPs indicated a need for Adult Daycare, Adult Family Foster Care, Case Management, Family Home Care, and Senior Companion Program services.
- Urban HDPs indicated a need for Adult Daycare, Case Management, and Family Homecare.

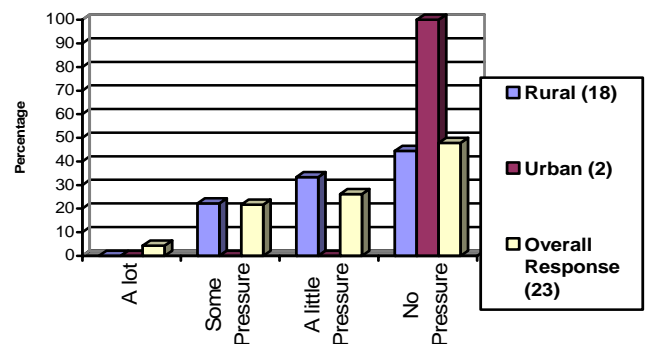
### Available and Recommended:

A variety of continuum of care services are available and recommended to consumers. However, nursing homes were the only continuum of care services recommended 100% by HDPs and available 100% of the time in both rural and urban communities.

The Hospital Discharge Planner Questionnaire Final Report is available at:

<http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html>

### Pressure received by HDPs to fill nursing homes:



### Other common barriers noted by HDPs included:

- limitations to what services patients qualify for,
- limited service availability,
- requirements and limitations of insurance coverage,
- service affordability, and
- matching patient needs with available continuum of care services.

**Single Point of Entry (SPE)** - is designed to provide an identifiable place where people can get information, objective advice, and access to a wide range of community supports.

- 90.5% of HDPs indicated that an SPE would be helpful.
- The majority of HDPs indicated the SPE should include:
  - information about continuum of care services,
  - benefit information,
  - eligibility information,
  - evaluation or assessments,
  - financial information, and
  - case management services.